

Name of Foster Parents (s): Rolando Bautista Jr.

Date of Inspection: 1/19/22

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-16 <b>RECORD:</b>                      (b)(2)(C)(5) During residence, foster adult record includes physician's signed orders for diet, medications and treatment.</p>	<p>Effective immediately, the certified caregiver shall always have signed physician's orders for diet, medications and treatments on file. The certified caregiver shall obtain a current diet and signed physician's orders for the identified medications by 2/19/22.</p>	
<p>§11-148-21 <b>HEALTH:</b>                      (a) Foster adult had a completed physical examination by a licensed physician upon initial admission and at least annually thereafter.</p>	<p>Effective immediately, the certified caregiver shall ensure foster adults receive a physical examination by a licensed physician annually. The certified caregiver shall obtain an annual physical examination for the identified foster adult and forward a copy to the Certification Unit for verification by 2/19/22.</p>	
<p>§11-148-22  <b>EMERGENCIES:</b>                      (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Effective immediately, the certified caregiver shall always have a current emergency protocol in place. The foster parent shall obtain a copy of the foster adults' current Individualized Service Plan (ISP) that includes the Risk &amp; Safety and Emergency &amp; Crisis planning sections by 2/19/22.</p>	
<p>§11-148-28 <b>RESIDENT'S ACCOUNTS:</b>                      (d) Record contains a current inventory of possessions.</p>	<p>The certified caregiver shall always have a current inventory of the foster adult's possessions. The certified caregiver shall prepare an inventory of the identified foster adult's possessions and submit a copy to the Certification Unit for verification by 2/19/22.</p>	

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SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b></p> <p>(a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.</p>	<p>The certified caregiver shall submit to the Certification Unit signed consents to obtain State of Hawaii criminal history record clearances for the identified household members by 2/19/22.</p>	
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b></p> <p>(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>The certified caregiver shall submit to the Certification Unit the signed requests for criminal history record clearances and processing fees for the certified and substitute caregivers by 2/19/22.</p>	
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b></p> <p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>The certified caregiver shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse &amp; Neglect (CAN) clearances for himself, his substitute caregivers and all adult household members by 2/19/22.</p>	